

## Overview

- Incorporating alcohol, substance abuse assessment into geriatric care
- Learning diagnostic criteria for SA in older adults
- Assessing physical & psychiatric comorbidity



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## Overview

- Using standardized assessment instruments
- Widely available resources
- Using an interdisciplinary team approach



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## Definitions

- Abstinence
- Moderate drinking
- At-Risk drinking
- Problem drinking / alcohol abuse
- Alcohol dependence



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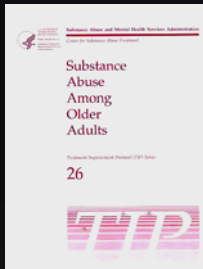
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## SAMHSA Consensus Panel TIP



- [www.samhsa.gov](http://www.samhsa.gov)



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## Online VA Guideline

- [www.oqp.med.va.gov/cpg/SUD/SUD\\_Base.htm](http://www.oqp.med.va.gov/cpg/SUD/SUD_Base.htm)
- Substance Use Disorder Guideline
  - Algorithms Module A (Primary Care)
  - Algorithms Module C (Care Management)
  - Pocket card (Primary Care)



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## Diagnostic Criteria for Substance Dependence in Older Adults

- The Treatment Improvement Protocol
- (TIP #26) Consensus Panel determined
  - DSM-IV criteria for substance abuse and dependence may not be adequate to diagnose older adults with substance use problems



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### DSM-IV Dependence Criteria

- Tolerance
- Withdrawal
- Use in larger amounts for longer than intended
- Desire to cut down or control use



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### DSM-IV Dependence Criteria

- Great deal of time spent obtaining substance or getting over effects
- Social, occupational, or recreational activities given up or reduced
- Use despite knowledge of physical or psychological problem



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### Elements of Assessment for SA

- Screening is not enough
- Conduct appropriate lab tests
- Focus on behaviors, not just lab tests
- Assess chronic disease and psychiatric comorbidity



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### Clues – Laboratory Tests

- **G**GT (Gamma-GlutamylTransferase)
- **A**nemia
- **M**CV (Mean Corpuscular Volume)
- **U**ric acid and/or urine drug screen
- **T**riglyceride



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### Clues – History and Physical

- **F**alls
- **S**elf-care deficit
- **C**onfusion
- **A**dverse drug reaction
- **L**abile mood
- **M**alnutrition



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### Clues – Medication Problem

- **A**ltered prescriptions
- **B**othersome behavior related to obtaining desired medication
- **C**ompliance lacking
- **D**octor shopping, “drop-ins”
- **E**xcuses
- **“F**requent fliers”



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## Approach to Assessing Patients

- Develop a dialogue
- Avoid being judgmental
- Avoid being confrontational
- Connecting the problem to the patient's main concerns (sleep, incontinence, pain, memory, etc.)
- May take several sessions
- Use team members



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## Screening

- AUDIT-C, AUDIT
- MAST-G, SMAST-G
- Ask about nicotine and illicit drugs
- CARET
- Health Screening Survey



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## SA Specific Assessment

- Addiction Severity Index
- DrInC
- Alcohol Dependency Scale
- CIWA-Ar
- SA Outcomes Module
- SCID
- [www.niaaa.nih.gov](http://www.niaaa.nih.gov)



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## Common Comorbid Health Problems

- Increased vascular risk factors
  - Hypertension
  - High cholesterol
- GI disorders
- Sleep disorders
- Chronic Pain
- Smoking-related illnesses



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## Nicotine Dependence

- Smoking as a vital sign
- Patient focus
  - Health & economic benefits
- Clinician focus
  - Risk reduction
- Effective treatments available



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## Smoking Cessation Resources

- [www.publichealth.va.gov/smoking/ TOC.htm](http://www.publichealth.va.gov/smoking/TOC.htm)
- [www.oqp.med.va.gov/cpg/TUC/ TUC\\_Base.htm](http://www.oqp.med.va.gov/cpg/TUC/ TUC_Base.htm)
- Tobacco Use Cessation guideline
  - Algorithms
  - Pocket card (medication, brief intervention, "5A's")



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## Most Common Psychiatric Comorbidities

- Rule rather than exception
- Depression (20-30%)
- Cognitive loss (10-40%)
- Anxiety disorders (10-20%)



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## Common Social Stressors for SA

- Grief
- Loneliness
- Isolation
- Family conflict
- Loss of friends/family/valued roles



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## Methods of Assessment

- Self-Report
- Inventory of Complicated Grief
- Beck Anxiety Inventory
- CES-D
- Geriatric Depression Scale



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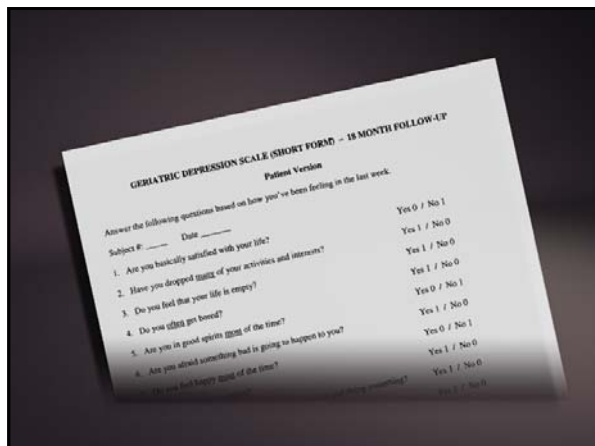
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## Alcohol Abuse and the Aging Brain

- White matter disorders related to:
  - Poor nutrition
  - Alcohol as toxin
  - Falls and mild brain injury
  - Microvascular stroke




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## Cognitive Impairment in Older Persons Abusing Alcohol

- Executive functions (related to frontal-subcortical brain regions) most likely to be affected
  - Abstract reasoning
  - Problem solving
  - Complex attention




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## Tests to Assess Executive Functioning

- Letter & category fluency
- Wisconsin Card Sort
- Trailmaking Test A&B



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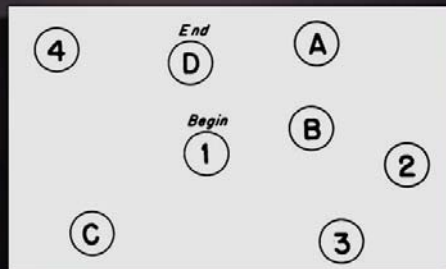
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## Real World Implications of Impaired Executive Functioning

- Safety
  - Driving, Falls, Household
- Medication management
- Financial management
- Informed decision making



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## Dementia and SA

- Alcohol-related versus Alzheimer's
  - Wernicke-Korsakoff Amnestic Disorder
  - Peripheral neuropathy, ataxia
  - Paraphasic errors, anomia, word-list generation deficits
- Cigarette smoking & increased risk vascular dementia and Alzheimer's



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## Elements to Assess in Capacity Decisions

- Ability to make clear choice
- Ability to communicate choice in consistent fashion
- Awareness of risks & benefits of choice
- Choice must be rational & reasonable



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## Recommended Guidelines for Capacity Assessment

VA 1997 Practice Guideline for Psychologists: Assessment of Competency and Capacity of the Older Adult



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## Interdisciplinary Team

- Physicians
- Nurses/Nurse Practitioners
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- Social Workers
- Psychologists
- Pharmacists
- SA Counselors
- Family Members



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## Patient Brochures

- Free from Substance Abuse Treatment
- Includes resource numbers for the elderly, mental health, and substance abuse



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## SA Care for Older Adults

- Chronic illness model
  - Adherence rates similar to diabetes, asthma, hypertension
- Treatment success is as good or better



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## VANTS Call

April 19, 2005  
2:00 pm Eastern  
1-800-767-1750  
Code: 40411



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